

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		6/17/00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	69916	6/18/00
FORMALITY REVIEW			8/2/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	10/16/03
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Claim	Date
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Claim	Date
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APPLICANTS
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 TITLE
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